CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE

BOARD OF DENTISTRY AND DENTAL HYGIENE

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

APPLICATION FOR DENTIST-FQHC PROVISIONAL LICENSURE
INSTRUCTION SHEET

When to File

This form is a combined application for both a Dentist-FQHC Provisional license and Dentist license. Submit this application ***only if*** you are a dentist who is contracted to practice at a Federally Qualified Health Center (FQHC) in Delaware. The Dentist-FQHC Provisional license allows you to practice dentistry in Delaware

- before you have passed the three examinations required for full Dentist licensure
- *only* at the FQHC named on the license
- *only* under the general supervision of a Delaware-licensed dentist

Information about the Dentist-FQHC Provisional License

To receive a Dentist-FQHC Provisional license, you must meet ***all*** requirements for full Dentist licensure ***except*** the examination requirements. Dentist-FQHC Provisional license is valid for two years from the date it is issued. It is not renewable. During the two-year period…

- You are allowed practice dentistry under the general supervision of a Delaware-licensed dentist at a FQHC.
- You must take the Delaware Practical Board Examination ***at least one time during the first year*** after your Dentist-FQHC Provisional license is issued.
- You must pass all three examinations required for full Dentist licensure – the Delaware Practical Board Examination, the Delaware Jurisprudence Examination, and the National Board Examination – before your Dentist-FQHC Provisional license expires. For more information about the exams, see the next section.

If you complete all examination requirements in the prescribed two-year period, the Dentist-FQHC Provisional license will transition into a Dentist license.

More Information about Required Examinations

All applicants for Dentist licensure, *regardless of years in practice*, are required to pass the Delaware Practical Board Examination in dentistry and the Delaware Jurisprudence Examination in addition to the National Board Examination.

- **Delaware Practical Board Examination** – You must take this *at least once* during the first year that your Dentist-FQHC Provisional license is active and you must pass it before your Dentist-FQHC Provisional license expires.
  - This exam is offered twice a year, at the beginning of January and June. The registration deadlines are December 1 for the January exam and May 1 for the June exam. To register for the exam, you must pay the examination fee by the deadline. The exam is limited to 18 candidates on each date. For more information about the exam, click Practical Board Examination.
  - When the registration deadline passes, the Board office will mail an examination packet to registered candidates. If you submit your exam fee after the deadline, you must include a late fee and you will receive an examination packet only after the Board office confirms availability of a seat.
- **Delaware Jurisprudence Examination** – You must pass the Jurisprudence Examination before your Dentist-FQHC Provisional license expires. It is an "open-book," multiple-choice test based on the Delaware Code and the Board's Rules and Regulations. The version for Dentists has 30 questions.

- **National Board Examination** – You must arrange for the Board office to receive the score report, sent directly to the Board office from the Joint Commission on National Dental Examinations, before your Dentist-FQHC Provisional license expires.

Requirements for *All* Applicants

As the applicant, it is *your* responsibility – *not the responsibility of the FQHC* – to arrange for the Board to receive the documents listed below. A Dentist-FQHC Provisional license *will not* be issued until the Board office receives all documents listed in this section. *Do not* begin working at a Delaware FQHC until a Dentist-FQHC Provisional license is issued to you.

☐ Submit completed, signed and notarized *Application for Dentist-FQHC Provisional Licensure*.

☐ Enclose payment for the following non-refundable fees by check or money order made payable to "State of Delaware." You may combine the fees in one payment.
- ☐ Processing fee for Dentist-FQHC Provisional license
- ☐ Processing fee for Dentist license
- ☐ Examination fee for Practical Board Examination – You may submit this fee with your application or at a later time. If you opt to wait, submit it no later than the examination registration deadline to assure a seat and avoid the Late Exam fee.

☐ Complete the *Criminal History Record Check Authorization* form to request State of Delaware and Federal Bureau of Investigation criminal background checks. Follow the instructions on the authorization form to arrange to be fingerprinted.

☐ Submit a copy of your employment contract with the FQHC.

☐ Arrange for the Board office to receive the completed, signed and notarized *Statement of Supervision* form included in this packet, sent directly from the FQHC to the Board office.
- Both the FQHC's director and your supervising dentist must complete and sign the form in the presence of a notary.

☐ Enclose a copy of your current cardiopulmonary resuscitation (CPR) certification card.

☐ Arrange for the Board office to receive an official transcript from a Board-recognized undergraduate college or university, sent directly from the school to the Board office.

☐ Arrange for the Board office to receive an official transcript from your dental college or university, sent *directly* from the school to the Board office. The transcript must show your degree and date of graduation.
- The dental college/university must be accredited by the Commission on Dental Accreditation of the American Dental Association (CODA).

☐ Arrange for the Board office to receive ***one*** of the following:
- Proof (such as a letter from the sponsoring institution) that you have one year of experience as a dental intern in a CODA-accredited general practice residency sent directly from the sponsoring institution to the Board office.
- Tax form W-2s or other proof that you have practiced actively for three years in another jurisdiction (state, U.S. territory or District of Columbia).
- Proof (such as a letter from the sponsoring institution) that you have completed four or more years in a CODA-approved specialty residency, sent *directly* from the sponsoring institution to the Board office.

If you have been in a CODA-approved specialty residency of *less than four years*, submit proof (such as a letter from the sponsoring institution) that the program you're in
- meets the goals, objectives, proficiencies and competencies set forth in Standard 2.4 of the CODA *Accreditation Standards for Advanced Education Programs in General Practice Residency,* ©2007 (Section 4.3 of the Board's Rules and Regulations), and
- includes a rotation of at least 70 hours in anesthesia and a rotation of at least 70 hours in medicine.

☐ Arrange for the Board office to receive license verification letters from *each* jurisdiction (state, U.S. territory or District of Columbia) where you are now, or have ever been, licensed, sent *directly* from the jurisdiction to the Board office.

☐ If you have ever been licensed in another jurisdiction, request a self-query from the National Practitioner Data Bank. When you receive the report, send the original to the Board office.

☐ If you have never been issued a U.S. Social Security Number (SSN), submit a *Request for Exemption from Social Security Number Requirement*.
The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants: Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.

Requirements *After* Dentist-FQHC Provisional License Issuance

During the two-year period that your Dentist-FQHC Provisional License is valid, you must prove that you meet the examination requirements for a Delaware Dentist license. The Board may *deny* you full Dentist licensure if you fail to meet these requirements.

☐ If you opted not to submit the fee for the Delaware Practical Board Examination with your application, submit the Examination fee by the registration deadline for the examination you wish to take.

- *Reminder:* You must take the exam at least once during the first year after issuance of the Dentist-FQHC Provisional License. The deadlines are December 1 for the January exam and May 1 for the June exam.
- *Reminder:* If you fail to submit the Examination fee by the registration deadline, enclose the non-refundable Late Exam fee. You will be admitted to the exam only if a seat is still available. If no seat is available, you will forfeit both the Examination fee and Late fee that you paid. To register for the next exam date, you must pay the Examination fee again; you cannot transfer it to a later examination date.

☐ Submit your completed, signed and notarized Jurisprudence Examination for Dentist Candidates.

☐ Arrange for the Board office to receive your National Board Examination score report, sent *directly* from the Joint Commission on National Dental Examinations to the Board office. See Score Report Request.

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APPLICATION FOR DENTIST AND FQHC PROVISIONAL LICENSURE

IDENTIFYING AND CONTACT INFORMATION

1. Name: _____ _____ _____ _____
   Last/Family Name First Middle Maiden

2. Other Name(s) Used: _____ _____ _____

3. Have you ever sought or been granted a dental license under another name? Yes ☐ No ☐ If yes, enter name and state where you used the name: _____

4. Date of Birth (month/day/year): _____ Gender: Male ☐ Female ☐

5. Have you been issued a U.S. Social Security Number? Yes ☐ No ☐ If yes, enter your SSN:_____
   If no, you must file a *Request for Exemption from Social Security Number Requirement*.

6. ***Your Mailing*** Address: _____

   _____ _____ _____
   City State Zip

7. Phone: _____ _____ Email: _____
   Daytime Home

FEDERALLY QUALIFIED HEALTH CENTER

8. Check the FQHC where you will be practicing: ☐ La Red Health ☐ Westside ☐ Henrietta Johnson

   Submit a copy of your employment contract. Also, arrange for the Board office to receive a *Statement of Supervision* form completed and signed by the FQHCs director and the supervising dentist, sent directly from the FQHC to the Board office.

9. ***FQHC*** Address:_____

   _____ _____ _____
   City State Zip

EDUCATION AND RESIDENCY

10. Enter the following information about your pre-professional education:

    University/College: _____ Major: _____

    City: _____ State: _____ Degree: _____

    Dates Attended: From: _____ To: _____ Graduation Date: _____
    month/day/year month/day/year month/day/year

    Arrange for the Board office to receive an official transcript, sent *directly* from the college/university to the Board office.

11. Enter the following information about your Dental education:

Dental School Name: _____

City: _____ State: _____ Degree: _____

Dates Attended: From: _____ To: _____ Graduation Date: _____
month/day/year month/day/year month/day/year

Arrange for the Board office to receive an official transcript, sent *directly* from your dental school to the Board office.

12. Are you currently in ***or*** have you already completed a CODA-approved residency program? Yes ☐ No ☐ If no, skip to Question 13. If yes, complete the following information about your residency program, then skip to the **LICENSURE HISTORY** section.

Name of Sponsoring Institution: _____

Mailing Address: _____

_____ _____ _____
City State Zip

Start Date (month/year): _____ End Date (month/year): _____

Type of Residency: ☐ General Practice

Arrange for the Board office to receive proof (such as a letter from the sponsoring institution) that you have one year of experience as a dental intern in this residency sent directly from the sponsoring institution to the Board office.

☐ Specialty – Identify specialty: _____

- **If you have completed your residency, arrange for the Board office to receive proof (such as a letter from the sponsoring institution) that you have completed the residency sent directly from the sponsoring institution to the Board office.**
- **If you have not yet completed your residency, arrange for the Board office to receive proof (such as a letter from the sponsoring institution) that the program you are in meets the requirements explained on the Instruction Sheet.**

13. Do you have three years of active dental practice? Yes ☐ No ☐ If yes, complete the following table to document the three years of practice.

EMPLOYER NAME	CITY	STATE	DATES (month/day/year)	
			FROM	TO

Enclose Tax form W-2s documenting the periods listed above.

LICENSURE HISTORY

14. Have you ever been denied a license? Yes ☐ No ☐ If yes, enter: Year Denied: _____State:_____

Explain why the license was denied: _____

_____

15. Are you (*or have you ever been*) licensed in any other jurisdiction? Yes ☐ No ☐ If yes, enter the following information about *each* license:

JURISDICTION	LICENSE NUMBER	ISSUE DATE	EXPIRATION DATE	STATUS (e.g., active)

Arrange for *each* jurisdiction listed to send a verification of licensure *directly* to the Board office.

EXAMINATION HISTORY

16. Have you taken the National Board Examination? Yes ☐ No ☐ If yes, enter the following information about your National Board Examination:

Year Taken: _____ Part I Score: _____ Part II Score: _____

17. Check the month when you wish to sit for the Practical Board Examination:

☐ January – The registration deadline is December 1.

☐ June – The registration deadline is May 1.

You may submit the Examination fee with this application or later. However, if you opt to wait, submit it no later than the examination registration deadline to assure a seat and avoid the late fee and possible forfeiture of the fees. See Instruction Sheet.

During the two-year period that your Dentist-FQHC Provisional license is valid, you must meet the examination requirements for a Delaware Dentist license:

- **National Board Examination – Arrange for the Board office to receive the score report, sent directly to the Board office from the Joint Commission on National Dental Examinations.**
- **Delaware Practical Board Examination – You must take the exam within the first year after your Dentist-FQHC Provisional License is issued, and you must pass it within the two-year period.**
- **Delaware Jurisprudence Examination – Submit your completed, signed, and notarized Jurisprudence Examination for Dentist Candidates.**

DISCLOSURES

18. Have you engaged in the illegal use of controlled dangerous substances within that past two years? Yes ☐ No ☐ If yes, continue to Question 19. If no, skip to Question 20.

19. Are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you in order to assure that you are not illegally using controlled substances? Yes ☐ No ☐ **If yes, explain fully:**

_____

_____

20. Have you ever been denied a DEA (Narcotic) registration number? Yes ☐ No ☐ Current DEA #_____
If yes, submit a signed statement explaining fully.

21. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense in any jurisdiction, including any offense for which you have received a pardon? Yes ☐ No ☐ **If yes, submit a signed statement explaining fully.**

Arrange for the Board office to receive State of Delaware and Federal Bureau of Investigation criminal background checks. The State Bureau of Identification will send the reports directly to the Board office. *This requirement applies even if you answered "No" to this question*.

22. Are any criminal charges against you pending in any jurisdiction? Yes ☐ No ☐ **If yes, submit a signed statement explaining fully.**

23. Has your professional license ever been subjected to disciplinary action (including but not limited to consent agreements, fines, probation, suspension or revocation)? Yes ☐ No ☐ **If yes, submit a signed statement explaining fully. Include an official Board order or other documents.**

24. Has any malpractice action been brought against you in the past five years? Yes ☐ No ☐ **If yes, enclose a list on a separate sheet of paper. Include dates, disposition and amount of awards or settlements, if any.**

25. Are any disciplinary or ethical complaints currently pending against you? Yes ☐ No ☐ **If yes, submit a signed statement fully explaining. Include copies of all official documents or Board orders.**

26. Are you physically or mentally incapable of engaging in the practice of dentistry according to generally accepted standards? Yes ☐ No ☐ If yes, continue with Question 27. If no, skip to the **DUTY TO REPORT** section.

27. Do you agree to submit to an examination to determine such capability as the Board may deem necessary? Yes ☐ No ☐

DUTY TO REPORT

28. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** obligation to self report any of the following within 30 days:
    - Any arrest or the bringing of an indictment or information charging you with a crime substantially related to the practice of dentistry and dental hygiene as defined in Section 11.0 of the Board's Rules and Regulations.
    - Any conviction, including any verdict of guilty or plea of guilty or no contest, of any crime substantially related to the practice of dentistry and dental hygiene as defined in the Section 11.0 of the Board's Rules and Regulations.

    I certify that I have read and understand all provisions in the Delaware Dental Practice Act, including 24 *Del. C.* §1131 and the Rules and Regulations listed above, and that I understand my *duty to self report*. Yes ☐ No ☐

29. To obtain a license in Delaware, you must certify that you understand that you have a ***mandatory*** obligation to make an immediate oral report to the to the Department of Services for Children, Youth and Their Families if you know of, or you suspect, child abuse or neglect under Chapter 9 of Title 16 and to follow up with any requested written reports.

    I certify that I have read and understand 16 *Del. C.* §903 and that I understand my *duty to report*. Yes ☐ No ☐

30. You have a ***mandatory*** duty to file a written report with the Division of Professional Regulation within 30 days if you reasonably believe that any other dental or dental hygiene practitioner ***or*** any other healthcare practitioner, including any person licensed to practice medicine in Delaware:
    - has engaged in or is engaging in conduct that would constitute grounds for disciplinary action
    - may be unable to practice with reasonable skill and safety to the public due to mental illness or mental incompetence, physical illness (including deterioration through the aging process or loss of motor skill), or excessive abuse of drugs (including alcohol)
    - is excessively using or abusing drugs including alcohol.

    I certify that I have read and understand the provisions of 24 *Del. C.* §1131A and that I understand my *duty to report*. Yes ☐ No ☐

CERTIFICATIONS

31. Do you understand that a Dentist-FQHC Provisional license allows you to practice dentistry only in the FQHC designated on your license and only on *bona fide* patients of the FQHC under the direction of a Delaware-licensed dentist employed by or on the staff of the FQHC? Yes ☐ No ☐

32. Do you understand that the Dentist-FQHC Provisional license is valid for a two-year period from issuance and will ***not*** be renewed? Yes ☐ No ☐

33. Do you understand that you must fulfill all examination requirements within the two-year period that the Dentist-FQHC Provisional license is valid and that you must take the Delaware Practical Examination at least once within the first year? Yes ☐ No ☐

34. Do you understand all provisions under 24 *Del. C.* §1132B and that if you do not meet all requirements by the end of the two-year period that the Board may deny you full dental licensure? Yes ☐ No ☐

35. Do you agree to notify the Board office if your contract with the FQHC terminates or if your supervising Dentist changes? Yes ☐ No ☐

To ensure consideration of your license application at the next Board meeting, the Board office must receive all of these items <u>no later than</u> 4:30 PM ten full working days before the Board's meeting date:

- **Completed, signed and notarized application form**
- **Fee payment**
- **All required supporting documentation.**

Applications that are not <u>complete</u> within 12 months of filing may be considered abandoned and discarded. When your application is <u>complete</u>, please allow 4-6 weeks to receive your license.

AFFIDAVIT

I hereby apply to be considered for licensing as a Dentist by the Board of Dentistry and Dental Hygiene under the standards, qualifications and procedures established under Title 24, Chapter 11, of the *Delaware Code*. I have read the State statute governing dentists in Delaware. I have also received and read the Board's Rules and Regulations regarding the practice of Dentistry in Delaware. I understand that the Board may require evidence additional to the material herein, including a written examination, and transcripts of academic training.

I hereby swear or affirm that the information contained in this application is correct and I understand that any intentionally fraudulent information will be reported to the Attorney General.

Applicant Signature: _____ Date: _____

County of_____State of _____

Sworn or affirmed before me a Notary Public this_____day of _____, 2_____.

Notary Signature: _____

SEAL

My commission expires on_____

APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR SUBMITTED WITHOUT THE REQUIRED FEE WILL BE REJECTED.

Instructions for Requesting a Criminal Background Check

Both State of Delaware and Federal Bureau of Investigation criminal background checks are required.

Applicant Notification

Your fingerprints will be used to check the criminal history records of the Federal Bureau of Investigation (FBI). You have the opportunity to challenge the accuracy of the information contained in the FBI identification record. See Title 28, CFR 16.34 for the procedure to obtain a change, correction or update in the FBI record.

Locations

Kent County – Primary Facility
State Bureau of Identification
Blue Hen Mall & Corporate Center
655 S. Bay Rd. Suite 1B
Dover, DE 19901
Walk-ins accepted: Mon 8:30 am – 6:30 pm, Tue - Fri 8:30 am – 3:30 pm
Customer Service: (302) 739-2134

New Castle County - Satellite Facility
State Police Troop Two
100 LaGrange Ave
Newark, DE 19702
(between Rts. 72 and 896 on Rt. 40)
By appointment only
Scheduling: (302) 739-2528 (local)
(800) 464-4357 (toll free)

Sussex County – Satellite Facility
Thurman Adams State Service Center
546 S. Bedford Street, Rm. 202
Georgetown DE 19947
(across from DelDOT & Troop 4)
By appointment only
Scheduling: (302) 739-2528 (local)
(800) 464-4357 (toll free)

Applicants in Delaware

1. If you are using the New Castle County or Sussex County locations, call **(800) 464-HELP (4357)** to schedule an appointment. No appointments are needed at the Kent County location.

2. Take the completed *Authorization for Release of Information* form to one of the offices listed above with the fee of $65.00, to cover both the State of Delaware and Federal Bureau of Investigation criminal checks. Money orders and credit cards other than American Express are accepted at all locations. New Castle and Kent Counties accept cash; Sussex County does not accept cash. ***Personal checks are not accepted in any county.*** As fees are subject to change, contact the agency where you plan to submit your forms for current fees.

Applicants Not in Delaware (including Out-of-State or Outside the United States)

1. Your local police agency can fingerprint you. All types of fingerprint cards are accepted. Or, you may print a FD-258 fingerprint form available on the FBI website at www.fbi.gov – click *Services*, then *Identity History Summary Checks*, then scroll down to Option 1, Step 2, and click the link for *standard fingerprint form (FD-258)*. You may print the form on regular paper.

2. Your *Authorization for Release of Information* form and the fingerprint card must be complete. If identifying information is missing (such as name, date of birth, race, gender, etc.), your form will be returned.

3. ***Mail*** the *Authorization* form, fingerprint card, and *certified* check or money order ***(personal checks are not accepted)*** for $65.00 made payable to "Delaware State Police" to:

Delaware State Police
State Bureau of Identification (SBI)
PO Box 430
Dover, DE 19903-0430

DO NOT SEND THIS FORM OR FEE TO YOUR PROFESSION'S BOARD OFFICE.

DO NOT SEND THIS FORM OR FEE TO THE DIVISION OF PROFESSIONAL REGULATION.

⇨ALLOW FOUR WEEKS FOR RECEIPT OF RESULTS.

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AUTHORIZATION FOR RELEASE OF INFORMATION

CRIMINAL HISTORY RECORD CHECK FOR PROFESSIONAL LICENSURE APPLICANTS

Please print or type all information in black ink.

Check the type of license for which you are applying:

- ☐ Adult Entertainment
- ☐ Charitable Gaming Vendor
- ☐ Chiropractic
- ☐ Dental
- ☐ Funeral
- ☐ Massage
- ☐ Medical (Physicians, Physician Assistants, Respiratory Care Practitioners, Eastern Medicine Practitioners, Acupuncture Practitioners, Genetic Counselors, Polysomnographers, Midwifery Practitioners (CM, CPM))
- ☐ Mental Health (LPCMH, LCDP, LMFT, LAPCMH, LAMFT)
- ☐ Nursing (RN, LPN, APRN)
- ☐ Nursing Home Administrator
- ☐ Occupational Therapy
- ☐ Optometry
- ☐ Pharmacy (includes key personnel of facilities licensed by Board of Pharmacy)
- ☐ Physical Therapy/Athletic Trainer
- ☐ Podiatry
- ☐ Psychology
- ☐ Real Estate Appraiser (includes Appraisal Management Company)
- ☐ Speech/Hearing
- ☐ Social Work
- ☐ Texas Hold'em Individual

Print your current full name:

_____	_____	_____	_____
Last Name	First Name	Middle Initial	Suffix (e.g., Jr., Sr.)

Enter all other names you have used in the past (including, but not limited to, maiden name, former married names, alternative spellings):

1. _____
2. _____
3. _____
4. _____

As an applicant, I authorize release of any and all information that you have concerning my **CRIMINAL HISTORY RECORD INFORMATION**. I hereby release you, your organization, the State of Delaware and others from any liability or damage which may result from furnishing this information:

SIGNATURE OF PERSON PRINTED: _____ **Date**: _____

Phone: Home _____ Work _____

Mail the results of my criminal history request to:

Division of Professional Regulation
861 Silver Lake Boulevard, Suite 203
Dover DE 19904
SLC D420A

USE OF CRIMINAL HISTORY RECORD INFORMATION IS RESTRICTED BY LAW AND SHALL BE LIMITED TO THE PURPOSE FOR WHICH IT WAS GIVEN. MISUSE CONSTITUTES A CRIMINAL VIOLATION.

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STATEMENT OF SUPERVISION

FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Name of Applicant: _____

FEDERALLY QUALIFIED HEALTH CENTER DIRECTOR

The FQHC director completes this section in the presence of a notary public.

Printed Name of FQHC Director: _____

FQHC Director's Delaware License No: _____

- I verify that the above-named applicant is contracted to practice at:

  Name of Institution: _____ Start Date (month/day/year): _____
- I verify that the applicant will be practicing under the general supervision of a Delaware-licensed dentist.
- I verify that the applicant's credentials have been reviewed and approved.
- If the supervising dentist becomes unable or unavailable to provide direction to the applicant, I understand that this FQHC must contract with another Delaware-licensed dentist to provide direction and that I must submit a new *Statement of Supervision* form.
- I will report immediately if the contract between the named applicant and this FQHC terminates.

Signature of FQHC Director: _____ Date: _____

State of_____, County of _____

Sworn and subscribed before me this _____ day of _____ 2_____

Signature of Notary Public: _____

SEAL

My Commission Expires: _____

SUPERVISING DENTIST

The applicant's supervising dentist completes this section.

Printed Name of Supervising Dentist: _____

Delaware License No: G1 - _____

- I accept responsibility for the applicant's practice of dentistry in this FQHC.
- I will notify the Board if my supervision of the above named applicant terminates.

Signature of Supervising Dentist: _____ Date: _____

Mail this form directly to the Board office at the address above.

Revised 11/2016